

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the
Southern District of Texas

____5TH____ Division

United States Courts
Southern District of Texas
FILED

APR 20 2023

Nathan Ochsner, Clerk of Court

DEBRA ARNECE CASEY

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

ROSENBERG POLICE DEPARTMENT
FORT BEND COUNTY EMS
CITY OF ROSENBERG
RASHIDA FERGUSON

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	DEBRA A CASEY
Street Address	1315 TARBERRY
City and County	HOUSTON, HARRIS
State and Zip Code	TEXAS 77088
Telephone Number	281-832-3136
E-mail Address	casey.debra@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name	ROSENBERG POLICE DEPARTMENT
Job or Title <i>(if known)</i>	ALL POLICE OFFICERS AND OFFICERS INVOLVED
Street Address	2120 4TH STREET
City and County	ROSENBERG, FORT BEND
State and Zip Code	TEXAS, 77471
Telephone Number	832-595-3700
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	FORT BEND EMERGENCY MEDICAL SERVICES EMT
Job or Title <i>(if known)</i>	PARAMEDICS
Street Address	4332 TX-36
City and County	ROSENBERG, FORT BEND
State and Zip Code	TEXAS, 77471
Telephone Number	281-342-7233
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	CITY OF ROSENBERG
Job or Title <i>(if known)</i>	
Street Address	2700 AVENUE A
City and County	ROSENBERG, FORT BEND
State and Zip Code	TEXAS, 77471
Telephone Number	832-595-3300
E-mail Address <i>(if known)</i>	INFO@ROSENBERGTX.GOV

Defendant No. 4

Name	RASHIDA FERGUSON
Job or Title <i>(if known)</i>	
Street Address	703 LLOYD APARTMENT 2
City and County	ROSENBERG, FORT BEND
State and Zip Code	TEXAS, 77471
Telephone Number	713-875-9485
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

42 U.S.C. 1983

EXCESSIVE FORCE AND DEADLY FORCE

WRONGFUL DEATH

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the
State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated
under the laws of the State of *(name)* _____,
and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of
the State of *(name)* _____. Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):
15,000,000, OR 15 MILLION US DOLLARS, BECAUSE DEATH OCCURRED

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

1-ROSENBERG POLICE DEPARTMENT USED EXCESSIVE FORCE BY SHOOTING MY SON TORY JAI CASEY WHILE HAVING A MENTAL HEALTH EPISODE SIX TIMES CAUSING HIS DEATH, VIOLATING HIS CIVIL RIGHTS. THIS OCCURRED ON APRIL 23, 2021.

2-FORT BEND COUNTY EMERGENCY MEICAL SERVICES FAILED TO RENDER CARE TO MY SON TORY JAI CASEY CAUSING HIS DEATH. THIS OCCURRED ON APRIL 23, 2021.
PAGE ATTACHED

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

TORY JAI CASEY WAS SUFFERING A MENTAL HEALTH EPISODE WHEN HE WAS SHOT 6 TIMES AND KILLED BY ROSENBERG POLICE DEPARTMENT. SO, CHANGES TO PROTOCOLS ARE NEEDED WHEN DEALING WITH PEOPLE WHO HAVE MENTAL HEALTH CONCERNS TO ENSURE AND PREVENT OTHER PEOPLE FROM BEING KILLED BY THE POLICE.

DEATH OCCURRED AS A RESULT, 15,000,000 US DOLLARS IS OWED AND DESERVED TO THE PETITIONER.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: April 20th 2023

Signature of Plaintiff Debra A. Casey
 Printed Name of Plaintiff Debra A. Casey

B. For Attorneys

Date of signing: _____

Signature of Attorney _____
 Printed Name of Attorney _____
 Bar Number _____
 Name of Law Firm _____
 Street Address _____
 State and Zip Code _____
 Telephone Number _____
 E-mail Address _____